IOWA-PLAN-HAB

IOWA DEPARTMENT OF HUMAN SERVICES

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> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (MONTHLY TOTALS AS OF 12/31/13)

		(MON	NTHLY TOTALS	3 AS OF 12/31/13)				
					* * * * * A V E R A G E S * * * * * *			
						COST PER COST PER UNITS PER		
CATEGORY OF SERVICE	RECIPIENTS N		UNITS OF	TOTAL	UNIT OF	ELIGIBLE R		
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT :	SERVED	SERVED
INPATIENT	5,885			\$35,531,198.76	\$1,319.54	\$69.66	4.6	
OUTPATIENT	69,855	109,087	1,776,514	\$23,208,717.23	\$13.06		25.4	•
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	964	1,248	16,866	\$1,961,281.23	\$116.29	\$3.85	17.5	\$2,034.52
INTERMEDIATE CARE FACILITY	11,656	12,354	351,948	\$44,189,616.88	\$125.56	\$86.64	30.2	\$3,791.15
INTER CARE MENTAL RETARDA	1,923	2,163	63,069	\$27,090,117.75	\$429.53	\$53.11	32.8	\$14,087.42
NURSING FAC FOR MENTAL ILL	101	102	2,930	\$644,647.29	\$220.02	\$2.44	29.0	\$6,382.65
HOME HEALTH	13,749	18,529	455,809	\$11,351,535.26	\$24.90	\$22.26	33.2	\$825.63
LEAD INSPECTION AGENCY	2	2	2	\$700.00	\$350.00	\$0.00	1.0	\$350.00
PHYSICIAN	122,374	275,766	510,085	\$17,827,452.33	\$34.95		4.2	
CLINIC SERVICES	20,114		•	\$3,905,887.53	\$147.32	\$7.66	1.3	
MEP CASE MANAGEMENT	. 0			\$0.00	\$0.00	\$0.00	.0	
EHR INCENTIVE PAYMENTS	1		0	\$7,475,973.00	\$0.00		.0	
LAB AND RADIOLOGICAL	12,979		28,852	\$703,939.99	\$24.40		2.2	
HABILITATION SERVICES	576			\$405,856.28	\$303.56		2.3	
BEHAVIORAL HLTH INTERVENTN SVC	392,161		•	\$4,968,933.14	\$11.98			
REHAB SUPPORT SERVICES	1	•		\$1,219,102.63-		\$2.39-		
AMBULANCE SERVICES	3,393			\$492,622.83	\$121.04	\$0.97	1.2	
LOCAL EDUCATION AGENCY	2,018			\$6,581,484.02	\$14.63	\$12.90	222.9	
INFANT TODDLER	10			\$382.20	\$5.88	\$0.00	6.5	•
PRESCRIBED DRUGS		1,253,984		\$24,244,196.40	\$60.88	\$49.32	2.0	
IOWA-PLAN-PMIC	236,945			\$2,669,499.33	\$10.65		1.1	
DRUG CAPITATION	200,519	•		\$0.00	\$0.00	\$0.00	.0	
NEMT SERVICES	399,945		_	\$870,004.64	\$2.16		1.0	
INDIAN HEALTH SERVICES	0	•		\$0.00	\$0.00	\$0.00	.0	
FAMILY PLANNING SERVICES	6,583			\$678,584.84	\$86.54	\$1.33	1.2	
IOWA CARE MED HOME CAPITATION	0,303	•	•	\$0.00	\$0.00	\$0.00	.0	
IOWA CARE MED HOME CAPITATION				\$11,433,219.19	\$27.58	\$22.42	1.1	
MANAGED SUBSTANCE ABUSE				\$0.00	\$0.00			
MENTAL HEALTH ACCESS PLAN	0			\$0.00	\$0.00	\$0.00 \$0.00	.0	
EPSDT SCREENING	5,790			\$0.00 \$1,678,217.78	\$268.13	\$6.50	1.1	
HMO SERVICES	49,615			\$8,524,592.05	\$209.11		.8	\$171.81
PACE SERVICES	49,613			\$672,135.42	\$3,215.96	\$4,329.40 \$1.32	1.0	
PACE SERVICES PATIENT MANAGEMENT	159,805			\$872,135.42 \$319,636.00	\$3,215.96 \$2.00	\$1.32 \$62.64	1.0	
HEALTH INS PREMIUM PAYMENT	3,239			\$519,636.00 \$596,637.92	\$2.00 \$71.33	\$62.64 \$1.17	2.6	
MEDICAL SUPPLIES	3,239 30,554			\$596,637.92 \$4,424,535.03	\$71.33 \$2.15	\$1.17 \$9.00	2.6 67.3	\$184.20 \$144.81
				\$4,424,535.03 \$2,659,134.51	\$2.15 \$146.55			
HEALTH HOME PROVIDER	17,272 23 040			\$2,659,134.51 \$3,470,336.53		\$5.21 \$6.80	1.1	
OTHER PRACTITIONER	23,040	•		·	\$39.47 \$0.00	\$6.80 \$0.00	3.8	
FAMILY CENTERED PROGRAM	0	_		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	.0	
FAMILY PRESERVATION	0	_		\$0.00	\$0.00	\$0.00	.0	
TREATMENT FOSTER FAMILY CARE	0	_		\$0.00	\$0.00	\$0.00	.0	
GROUP TREATMENT THERAPY	0			\$0.00	\$0.00	\$0.00	.0	
DENTAL	30,337			\$5,349,635.81	\$141.59	\$10.88	1.2	\$176.34
OPTOMETRIST	12,851			\$902,119.12	\$54.62	\$1.77	1.3	\$70.20
CHIROPRACTIC	7,598			\$381,528.89	\$22.43	\$0.78	2.2	\$50.21
				97 402 ENN 4N	910 10	614 60	1 0	

411,781 \$7,486,500.40

392,202 414,763

\$14.68

\$18.18

1.0

\$19.09

IAMM2200-R002 (MR-0-12) AS OF 12/31/13

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

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TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 12/31/13)

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CATEGORY OF SERVICE	RECIPIENTS NUMBER OF		UNITS OF	TOTAL	UNIT OF	ELIGIBLE RECIPIENT		RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT S	SERVED	SERVED
PODIATRIC	4,956	6,194	7,951	\$231,778.82	\$29.15	\$0.45	1.6	\$46.77
PHYSICAL DISABILITIES SVCS	781	1,064	111,717	\$387,947.66	\$3.47	\$0.76	143.0	\$496.73
BRAIN INJ WAIVER SERVICES	1,247	2,779	198,432	\$2,174,291.45	\$10.96	\$4.26	159.1	\$1,743.62
PSYCHIATRIC	4,216	7,595	8,385	\$222,430.06	\$26.53	\$0.44	2.0	\$52.76
RESIDENTIAL CARE FACILITY	1,043	1,220	33,612	\$257,682.42	\$7.67	\$0.51	32.2	\$247.06
ID WAIVER SERVICE	11,506	23,610	1,506,685	\$33,376,282.31	\$22.15	\$2,735.99	130.9	\$2,900.77
CHILDRENS MENTAL HEALTH SVC	808	1,330	168,957	\$826,827.87	\$4.89	\$890.98	209.1	\$1,023.30
AIDS WAIVER SERVICES	29	50	7,185	\$26,193.60	\$3.65	\$818.55	247.8	\$903.23
ELDERLY WAIVER SERVICES	9,060	29,719	1,192,079	\$7,096,120.78	\$5.95	\$782.55	131.6	\$783.24
ILL & HANDICAPPED WAIVER SVCS	2,054	3,177	339,725	\$1,277,490.07	\$3.76	\$540.62	165.4	\$621.95
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,564	14,044	51,321	\$2,603,266.17	\$50.73	\$5.10	6.0	\$303.98
UNASSIGNED	2	0	0	\$3,280,226.13	\$0.00	\$6.43	.0	\$0.00
* ALL CATEGORIES *	450,664	4,174,273	12,090,276	\$313,242,294.29	\$25.91	\$614.14	26.8	\$695.07
		* *	* END OF R	EPORT ***				